Limiting Assumptions

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MEDICAL STUDENTS (and the public for that matter) are exposed to a wide range of implicit messages regarding the determinants of health and the role of medicine in contemporary society. These messages are subtle but powerful. They help shape our beliefs about health and disease and to a large extent determine the direction of our medical effort, how we deploy health care resources, how we train health professionals, what we regard as valid subjects for research and how we regard our personal health-related behaviors. To highlight and make explicit these messages and their underlying assumptions one must often look beneath the rhetoric and token acknowledgments of alternative points of view.

For example, it is not uncommon for a lecture to begin with some brief comment to the effect that disease is the product of a complex host-agent-environment interaction. Then for the next three hours the specific agent of disease is discussed in minute detail along with the notable advances in chemotherapy aimed at this specific agent. Diseases are presented as specific entities, as events that "happen" to someone or as things that people "catch." Such is the enthusiasm of this discussion that the host and the complex of environmental determinants (physical and psychosocial) quickly fade into the background. Sometime later at the bedside or in the clinic the focus

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of attention becomes symptoms, physical findings and laboratory values. But what of the person? What of the human experience of illness? What of ethical questions? In practice, if not in theory, these concerns take a back seat to more technical concerns. Much of this is communicated implicitly.

At the risk of exaggerating and oversimplifying for purposes of illustration, I would like to make explicit some of these messages and assumptions that characterize much of modern medical practice.

First, health equals the absence of disease. This derives from the principal focus of medicine which is disease, its diagnosis, treatment and prevention.

Second, the best way to improve health is through medical care—that is, the treatment of those who are sick. The health of people is largely determined by and dependent upon the advances of modern medicine, the treatment of infectious diseases, the development of drugs and surgical procedures, and the construction of sophisticated hospital-based biomedical technology. The predominant model of contemporary medicine is the medical center where technological and professional resources are concentrated and applied to acutely ill persons on an episodic basis.

Third, scientific medicine equals the attempt to dissect the human organism into component parts in order to understand the mechanisms of disease. The assumption is that the human organism ultimately can be explained using physics and chemistry.

Fourth, the basic problems of human health and disease are essentially amenable to technical solutions.

Fifth, the physician is essentially responsible for the health of the patient.

Sixth, ancient, primitive, folk and unorthodox systems of medicine are archaic and of little relevance for contemporary medicine. At best they represent historical curiosities; at worst, impediments to medical progress. It is assumed that

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contemporary Western medicine has long ago surpassed these ancient practices, incorporating anything that was of value.

I could go on. The point is that even if we do not fully subscribe to the above views, we more often than not act as if they were true. Further, it is not so much that these views are wrong, but rather that they reflect a limited and incomplete conceptualization of health and medicine. They do not equip us to deal effectively with certain aspects of human health which for want of a better term we call the quality of life. The juxtaposition of medicine and the quality of life, however, invites the consideration of alternative points of view.

For example, when health is viewed as the quality of life rather than the absence of disease, the examination of the determinants of health that lie largely outside of the medical domain becomes more likely. While medical care certainly contributes to the quality of life, no one is likely to equate the absence of the signs and symptoms of disease with a life of high quality. Therefore, it is more probable that due attention is given to such factors as environmental quality, social support systems, psychological states, and individual behaviors and lifestyles as complementary strategies for improving health and the quality of living.

Physicochemical reductionism, useful though it may be, tends to limit our concern to those aspects of human health that can be measured using physics and chemistry. As a consequence of this quantitative focus, medicine has undervalued and overlooked those qualitative aspects of human experience not amenable to such analysis. As Abraham Maslow stated, "When the only tool you have is a hammer you tend to treat everything as if it were a nail." Further, the technological focus of contemporary medicine overshadows the fact that all medical decisions involve value judgments as well as clinical facts. The relationship between medicine and the quality of life demands that we consider the ethical dimensions of medicine and question the technological imperative that drives medical practitioners to intervene because they *can,* not because they *should.*

With regard to the responsibility for health, if one's view of the quality of life includes autonomy, self-determination and individual freedom, then the medical system should reflect these values. Health professionals should provide resources and information to help persons make informed choices regarding their health. The responsibility, in this view, is jointly shared. A medical system that fosters dependency and undermines an individual person's confidence is clearly counterproductive to this ideal of individual freedom.

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Last, a consideration of the quality of life and medicine may permit us to reevaluate some of the ancient and traditional systems of healing in light of contemporary health needs.[1] Many of these systems contain approaches aimed not only at the treatment of disease but at the provision of meaning for the experience of illness and death. Further, they contain valuable perspectives on the ecological relationships that govern health as well as techniques to enhance self-regulation of internal physiological and mental states. In short, a serious examination of ancient and alternative systems of medicine may serve to complement and extend contemporary scientific medicine, not only in the treatment of disease but in improving the total quality of living.

REFERENCE

1. Sobel DS (Ed): Ways of Health: Holistic Approaches to Ancient and Contemporary Medicine. (In Press)